

# Registration Information

This brochure contains all of the information and materials needed for program registration. Please read the following instructions thoroughly before completing the registration form.

## Phone Numbers for Program Questions

Please call the phone numbers listed with the program descriptions for questions about that specific program. General Questions can be answered by the Youth Programs Office at 831-6165 or email [youth.programs@ci.raleigh.nc.us](mailto:youth.programs@ci.raleigh.nc.us)

## Registration questions

Registration for all programs is handled by the Youth Programs Office. Please call the Youth Programs Office at 831-6165 or email [youth.programs@ci.raleigh.nc.us](mailto:youth.programs@ci.raleigh.nc.us) with questions.

> Registration for Traditional and Year Round Y.E.S. Days and Specialty Camps can be accepted by the program location as well.

## Payment Plan and Payment Arrangements

Please call Kathy Cox at 890-3679 or email [kathy.cox@ci.raleigh.nc.us](mailto:kathy.cox@ci.raleigh.nc.us) for all payment questions.

## Registration Form Submission

The Youth Programs Office will accept completed registration materials by mail-in or drop off.

### Mail-In Registration

Registration forms will be accepted beginning on March 3, 2008. Registration forms will be processed on a first come, first serve basis. Please include a full payment or a \$25 deposit per participant and completed registration forms. Mailing Address: Raleigh Parks and Recreation Department  
2401 Wade Avenue

Raleigh, NC 27607

Attention: Youth Programs Registration

### Drop-Off Registration

Registration form will be accepted beginning March 3, 2008. Registration forms will be processed on a first come, first serve basis. Please include a full payment or a \$25 deposit per participant and completed registration forms. Drop off completed registration forms at any program location to be processed through the Youth Programs office. Program locations are listed on the back cover. Please call locations for hours of operation.

## Registration Notes for Parent/Guardians

- > **A new registration form must be completed each new school year.**
- > Participation in a previous year's program does not guarantee a space in programs for the upcoming year. Registration forms will be processed on a first come, first serve basis beginning on March 3, 2008.
- > Allow time for confirmations to be mailed out and understand that no confirmation of registration will be given at time of drop-off.
- > Read and follow all registration instructions.

## Registration Process

- > Complete the four sections of the registration form on the following pages. Each participant must have his or her own registration forms. Please make copies as needed for additional children. The registration sections are as follows:

### Part I- Program Selection

- > Use this part of the registration form to select the programs you wish for your child to be enrolled.

### Part II- Participant Information

- > Fill this section out very thoroughly. Make sure all information is included to help program staff best accommodate your child.
- > Health Information Section - Any participant requiring medication to be administered at the program must fill out a medication release form. Form can be picked up at any program location.

### Part III- Payment Options

- > Select whether you wish to pay in full for programs or wish to select the payment plan option for the ability to make payments throughout the school year.
- > If you select the payment plan option, follow the steps below:

#### Step 1

- > Select a payment type for your \$25 per participant deposit
- > Fill out the credit card authorization section if you wish to pay your deposit by credit card.

#### Step 2

- > Fill out the credit card authorization in order to make monthly payments for your payment plan.
- > For information about payment plans, including alternative payment options, please call Kathy Cox at 890-3679.

### Part IV- School Based Programs Policy Page

- > Please read the Participant Information Form thoroughly. This page must be completed, signed and dated before your child can participate in a Raleigh Parks and Recreation School Based program.
- > Sign the forms at the bottom of page 3R.

**All forms must be received in the Youth Programs Office at least ten days in advance of the desired start date of the program.**

# Registration Part 1 - Program Selection

City of Raleigh Resident? ☐ Yes ☐ No

My Child Attends: (select one)

☐ Traditional School Calendar School

☐ Year Round Calendar School - **Track #** \_\_\_\_\_

☐ Modified Calendar School

☐ Home School

Select the following programs and indicate a location selected (check all programs that apply)

☐ After School X-Press

Program Location \_\_\_\_\_

☐ Before School X-Press

Program Location \_\_\_\_\_

☐ Track Out X-Press

Program Location \_\_\_\_\_

☐ My child will attend Track Out for all 4 four breaks

☐ My child will attend Track Out for selected weeks (Select weeks to the right)

## Y.E.S. and Specialty Programs

☐ Traditional Y.E.S. Day Program

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$20 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Year Round Y.E.S. Day Program

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$25 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp:

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Teen Program or Specialty Camp:

Location \_\_\_\_\_

\_\_\_\_\_ Date(s) Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

Add \$10 per day/session if non resident \$ \_\_\_\_\_

**TOTAL COST** \$ \_\_\_\_\_

*Proceed to Part 2 next page.*

## Track Out Weekly Registration

Select all weeks that you wish for your child to attend the Track Out Program on a weekly basis. Weekly Track Out X-Press registration will begin April 14, 2008. All track out weeks must be paid in full after March 1, 2009.

### Track 1

#### BREAK 1

☐ 9/8-9/12/2008 \$140

☐ 9/15-9/19/2008 \$140

☐ 9/22-9/26/2008 \$140

#### BREAK 2

☐ 12/8-12/12/2008 \$140

☐ 12/15-12/19/2008 \$140

#### BREAK 3

☐ 3/9-3/13/2009 \$140

☐ 3/16-3/20/2009 \$140

☐ 3/23-3/27/2009 \$140

#### BREAK 4

☐ 6/3-6/5/2009 \$84

☐ 6/8-6/12/2009 \$140

☐ 6/15-6/19/2009 \$140

☐ 6/22-6/26/2009 \$140

☐ 6/29-6/30/2009 \$56

Subtotal of Track 1 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 1** \$ \_\_\_\_\_

### Track 2

#### BREAK 1

☐ 8/18-8/22/2008 \$140

☐ 8/25-8/29/2008 \$140

☐ 9/2-9/5/2008 \$112

#### BREAK 2

☐ 11/10-11/14/2008 \$112

(no 11/11)

☐ 11/17-11/21/2008 \$140

☐ 11/24-11/25/2008 \$56

☐ 12/1-12/5/2008 \$140

#### BREAK 3

☐ 2/16-2/20/2009 \$140

☐ 2/23-2/27/2009 \$140

☐ 3/2-3/6/2009 \$140

#### BREAK 4

☐ 5/13-5/15/2009 \$84

☐ 5/18-5/22/2009 \$140

☐ 5/25-5/29/2009 \$140

☐ 6/1-6/2/2009 \$56

Subtotal of Track 2 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 2** \$ \_\_\_\_\_

### Track 3

#### BREAK 1

☐ 7/28-8/1/2008 \$140

☐ 8/4-8/8/2008 \$140

☐ 8/11-8/15/2008 \$140

#### BREAK 2

☐ 10/20-10/24/2008 \$140

☐ 10/27-10/31/2008 \$140

☐ 11/3-11/7/2008 \$140

#### BREAK 3

☐ 1/28-1/30/2009 \$84

☐ 2/2-2/6/2009 \$140

☐ 2/9-2/13/2009 \$140

#### BREAK 4

☐ 4/20-4/24/2009 \$140

☐ 4/27-5/1/2009 \$140

☐ 5/4-5/8/2009 \$140

☐ 5/11-5/12/2009 \$56

Subtotal of Track 3 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 3** \$ \_\_\_\_\_

### Track 4

#### BREAK 1

☐ 7/7-7/11/2008 \$140

☐ 7/14-7/18/2008 \$140

☐ 7/21-7/25/2008 \$140

#### BREAK 2

☐ 9/29-10/3/2008 \$140

☐ 10/6-10/10/2008 \$140

☐ 10/13-10/17/2008 \$140

#### BREAK 3

☐ 1/5-1/9/2009 \$140

☐ 1/12-1/16/2009 \$140

☐ 1/20-1/23/2009 \$112

☐ 1/26-1/27/2009 \$56

#### BREAK 4

☐ 3/30-4/3/2009 \$140

☐ 4/6-4/9/2009 \$112

☐ 4/13-4/17/2009 \$140

Subtotal of Track 4 \$ \_\_\_\_\_

Non Resident Fee

\$10 x # of weeks \$ \_\_\_\_\_

**TOTAL TRACK 4** \$ \_\_\_\_\_

## OFFICE USE ONLY:

Deposit \$ \_\_\_\_\_ Site \_\_\_\_\_

Receipt # \_\_\_\_\_ Staff Name \_\_\_\_\_

# Registration Part 2 - Participant Information

Last Name		First Name		Preferred Name	
Address					
City/State/Zip				Home Phone	
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		Date of Birth	Age	Grade	Gender
School					

**Parent/Guardian Information** (please indicate person who is the main contact)

<input type="radio"/> Mother/Guardian		Last Name		First Name:	
Home #	Work#	ext.	Mobile #	Pager/Other#	
Address					
City/State/Zip				Email address:	
Employer					
<input type="radio"/> Father/Guardian		Last Name		First Name:	
Home #:	Work#	ext.	Mobile #	Pager/Other#	
Address					
City/State/Zip				Email address:	
Employer					

**Emergency Contact (Other Than Parent/Guardian)**

Name		Relationship to child			
Home #	Work#	ext.	Mobile #	Pager/Other#	

**Release Authorization**

Please list additional names other than the parent/guardian's listed above, 16 years or older, that are allowed to pick up your child(ren). They will be required to show a picture ID. Please print all names.

1.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
2.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
3.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#
4.	Name	Relationship to child			
	Home #	Work#	ext.	Mobile #	Pager/Other#

**Health Information**

The Raleigh Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation, the more time we have to make reasonable accommodations to improve a participant's recreation experience with us. To aid staff in making accommodations, registration should be received two weeks prior to the start of a program.

Special Medical Circumstances: (i.e. cancer, physical disabilities, blindness, deafness, or diabetes.) The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professionals to assess their participant's fitness to take part in our programs. It is required that parents or guardians provide in writing any additional instructions for their participant. The written instruction should be developed with the assistance of their participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the participant. Please provide this information in the section below. **Please answer yes or no to all items. Please see space below to provide additional details on boxes checked Yes.**

<input type="radio"/> yes <input type="radio"/> no Immunizations up to date	<input type="radio"/> yes <input type="radio"/> no Down Syndrome	<input type="radio"/> yes <input type="radio"/> no Major Surgery or Illness
<input type="radio"/> yes <input type="radio"/> no ADHD/ADD	Have X-rays been done? <input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no Eyeglasses/Contacts
<input type="radio"/> yes <input type="radio"/> no Emotional/Behavior Problems (detail below)	<input type="radio"/> yes <input type="radio"/> no Atlanto Axial Instability?	<input type="radio"/> yes <input type="radio"/> no Fainting
<input type="radio"/> yes <input type="radio"/> no Impaired Motor Activity (detail below)	<input type="radio"/> yes <input type="radio"/> no Concussion or Head Injury	<input type="radio"/> yes <input type="radio"/> no Back or Joint Problems
<input type="radio"/> yes <input type="radio"/> no Heart Disease/Defect (detail below)	<input type="radio"/> yes <input type="radio"/> no Asthma detail below)	<input type="radio"/> yes <input type="radio"/> no Motion Sickness
<input type="radio"/> yes <input type="radio"/> no Seizures/Epilepsy (detail below)	<input type="radio"/> yes <input type="radio"/> no Hearing Loss/Hearing Aids	<input type="radio"/> yes <input type="radio"/> no Vision Loss/Blindness
<input type="radio"/> yes <input type="radio"/> no Diabetes (detail below)	<input type="radio"/> yes <input type="radio"/> no Sprains, Fractures, Dislocations	
<input type="radio"/> yes <input type="radio"/> no Other (detail below)		
<input type="radio"/> yes <input type="radio"/> no Autism (detail below)		

Please give detailed information on the next page for anything checked yes above or any other special medical circumstances instructions including activity restrictions (use additional pages if necessary).

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### Allergies/Medication Information

Allergies: Please make our staff aware of any allergies your participant may have. If your participant has severe allergies, please make sure our staff has written instructions on what to do if your participant has a severe allergic reaction. This information should include the specific allergy and medical requirement needs for the participant. If needed in the program, a separate lunch table/area will be provided for campers who have been identified as having a nut allergy. The City of Raleigh cannot guarantee an environment that is free of nuts and/or peanut oil. It is important that participants with a risk of anaphylaxis or an anaphylactic reaction to any substance (food, insect bites, or drugs) be identified. They must carry with them at all times the appropriate EpiPen kit and a letter of Permission from a parent or guardian to allow for the injection to be given by City of Raleigh staff immediately in case of an emergency.

### Allergy Type(s)

#### Instructions if participant has Allergic Reaction:

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Daily Medications: (An additional medication form will have to be completed to administer prescription medication during program hours. Please check with program staff.) Please note medication name, what it is used for, date prescribed and number of times/day.

Special Note on Medications: If your participant carries an "EPI" pen or inhaler, Raleigh Parks and Recreation will require that two are available during the program

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Would you like to make a donation to support a Child's participation in Raleigh Parks and Recreation Programs ☐ YES ☐ NO

If yes, amount \$ \_\_\_\_\_

Would you like to purchase Accidental Medical Insurance for your child? ☐ YES ☐ NO

If yes, please include \$8.50 with your deposit or full payment

I understand that the City of Raleigh provides no insurance coverage for the participants. By signing below I agree that I have read, understand, and agree to the City of Raleigh Parks and Recreation Youth Program Policies. By signing below I understand I am waiving my legal rights. Also by signing below, I am acknowledging that my participant is physically capable of participating in camp activities and the information that I have provided on the Participant Information Form is correct. Signature is required to complete the registration process.

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Participant Name

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Parent/Guardian Signature

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Date

# Registration Part 3 - Payment Options

Main Contact Name

You may pay in full (Option A) or you may elect to pay a \$25 deposit per participant and receive a monthly payment plan (Option B). YOU MUST provide MasterCard or Visa credit card information in order to choose a payment plan option.

I choose the following payment option:

## OPTION A - To pay in full with:

☐ Check or Money Order attached (payable to City of Raleigh) ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

## OPTION B - To pay a \$25 deposit per participant and receive a payment plan. YOU MUST complete both sections, DEPOSIT payment information and PAYMENT PLAN AUTHORIZATION, below:

DEPOSIT paid by:

☐ Check or Money Order attached (payable to City of Raleigh) ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

## PAYMENT PLAN AUTHORIZATION

Payment plans will be calculated based on the date of registration. For example, a registration completed by June 15 will have a payment plan beginning July 1 through May 1, for 11 monthly payments. A registration completed on July 15th will have a payment schedule beginning August 1 through May 1, for 10 monthly payments.

Payment plans will be mailed to the main contact person and card holder at least 15 days in advance of your first payment.

I hereby authorize City of Raleigh to process my monthly payment against my MasterCard or Visa. I certify, by signing below, that the information provided is true and correct.

☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

If we are unable to process your payment we will contact you. Resolution on declined payments must be completed within 3 business days to avoid restrictions on your account and/or to continue participation in our programs.

Payment plan questions, including alternative payment options for payment plans, can be directed to Kathy Cox, 919-890-3679, [kathy.cox@ci.raleigh.nc.us](mailto:kathy.cox@ci.raleigh.nc.us).

Please refer to our School Program Policies, page 11 for more payment, refund and withdrawal information.

## Behavior Management Policy

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive, non-violent, and understanding interactions, they can develop a sense of good self concept, problem-solving abilities, and self-discipline.

The City of Raleigh Parks and Recreation Department supports and practices the following Behavior Management Policies:

- 1 Quiet Reprimand/Verbal Warning
- 2 After repeated behavior problems, a first written incident report will be given to the parent/guardian.
- 3 Additional behavior problems will constitute a second written incident report given to parent/guardian and a possible 1-2 day suspension from the program.
- 4 If negative behavior persists, a third written incident report constitutes that the participant will be asked to leave the program and no refunds will be given.
- 5 For severe offenses, such as, but not limited to fighting, theft, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, bypassing any of the steps above.

## Payment Policy

Full payment or a deposit is due at time of registration by check, money order, MasterCard or Visa. If you are providing a deposit then the Payment Plan Authorization must be completed and returned with the registration. If your payment plan becomes two or more payments past due, your account will be frozen. Failure to clear the delinquency could result in termination of your child/children's participation in our programs.

## Refund/Withdrawal Policy

Non-attendance/Non-participation in a program or activity does not entitle a patron to a refund. Refunds may take up to 45 days or longer to be received after request for refund/withdraw is received.

- 1 100% refund/credit/transfer if Department cancels program.
- 2 All refund or withdraw requests must be received in writing at least 14 or more days in advance of the start date of each week. Patrons are entitled to either:
  - a. 100% transfer of fees; applied to another RPRD program at time of withdrawal.
  - b. 85% refund/credit based on total cost of program
- 3 Refund/credit/transfer requests received less than 14 days prior to start date of a program will not be granted.
- 4 Refunds for medical reasons requested prior to the start date of program will be granted at 100% subject to verification.

## Electronic Devices

Electronic devices are not allowed such as cell phones, mp3 players, gaming devices, etc. Teen Programs: Electronic devices such as MP3 Players, gaming devices, etc are allowed during designated "down time" at Teen Programs with signed waivers. Staff reserves the right to take away these devices if issues arise and will not be responsible for lost or stolen items. Confiscated electronics will be returned to the parent at the end of the day. At no point are cell phones allowed.

## Medication/Medical Treatment

Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. A medication permission slip form must be signed by a parent or guardian. Every effort will be made to contact parents/guardians in the case of medical emergency. I understand if I cannot be reached I authorize the City of Raleigh Staff to seek appropriate medical care.

## Confidentiality Policy

- > Raleigh Parks and Recreation is dedicated to protecting the confidentiality of all program participants. All participants are encouraged to respect the confidentiality of other participants by not disclosing personal information in public displays such as My Space, Facebook, etc.
- > Raleigh Parks and Recreation staff policy states that employees are not to share personal information or pictures about any participants or staff in any public display area such as My Space, Facebook, etc. or discuss any personal information about participants outside of the workplace

## Accident Insurance

Participants must have health/accident insurance to participate in City of Raleigh programs. In absence of a health/accident insurance policy an accident insurance policy can be purchased at time of registration.

## Field Trips

Raleigh Parks and Recreation may transport participants in vehicles provided by the City of Raleigh or contracted by the department.

## Dress Code

In order to maintain a positive experience and to focus on the safety of participants, Raleigh Parks and Recreation recommends appropriate attire. Your child will participate in recreational or athletic activities everyday, so they should wear cool, comfortable clothing, and jewelry should be left at home. Parents will be asked to bring appropriate clothing or will be required to come pick-up their child. Certain sites may have additional clothing requirements

Unacceptable attire:

- > Sandals, flip-flops or Heeleys
- > Shirts with spaghetti straps
- > Clothing that displays drugs, alcohol, tobacco, or gang references
- > Two piece bathing suits (age 12 and up)
- > Excessively loose pants or shirts
- > Revealing clothing

## Non-Discrimination Policy

The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation or disability in employment opportunities or the provision of service, programs or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh Parks and Recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

## Photography Waiver

Pictures may be taken of my child while participating in City activities and may be used for program publicity.

## Late Policy

Participants that are picked up late from the closing time of the program will be charged a late fee. The fee is as follows: Once the parent/guardian is between 5 to 10 minutes late a \$5 fee will be charged per child. An additional \$1 will be added for every minute past 10 minutes late. Payment is due at time of late pick-up. Continual late pickups may lead to dismissal from program.

## Lost Items

The City of Raleigh Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs. (We suggest your child does not bring personal items to the program.)

## Release & Indemnity Agreement

I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.